

Entered - 3-25-97 - tew
CL97L0128 - ALEXIS HOLMES

01-*R*-0144

CLAIM OF: MIKE OTWELL
521 Honeysuckle Lane
Palmetto, Georgia 30268

For alleged damages sustained due to water damage on March 6,
1997 at 8305 Rivertown Road, Fairburn, Georgia.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert M. C. J. DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 970128

Date: 1/8/01

Claimant /Victim MIKE OTWELL

By Attorney:

Address: 521 Honeysuckle Lane, Palmetto, Georgia 30268

Subrogation: Claim for Property damage \$ 1,500 Bodily Injury \$

Date of Notice: 3/20/97 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 3/6/97 Place: 8305 Rivertown Road, Fairburn, Georgia 30268

Department Water Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that after calling to have water services connected in his rental property, he was told that he would have to make a written application. The claimant further alleges that although he had not made a formal application, the water service was turned on the following day and as a result the property sustained damage due to utility connection being left on. The investigation determined that during the water billing dates beginning March 3, 1997 and ending on April 17, 1997, no abnormal meter readings occurred to indicate an overflow of water. The total bill for this period was \$17.21.

INVESTIGATION:

Statements: City employee X Claimant Other Written Oral
Pictures Diagrams Reports: Police Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial X
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

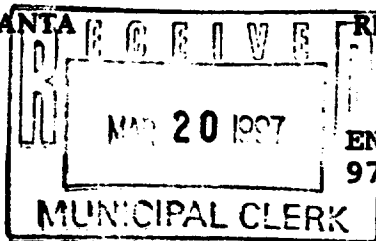
Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: Concur/date 01-1801
Committee Action: Council Action

(ESTIMATE INCLUDED)

Oats

03-21-97

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 03/29/97

ENTERED - 3/25/97 - tew
97L0128 - ANTHONY G. OATIS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1500.⁰⁰ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 03 06 97 (month/day/year) 2. Time of Incident: 1:00 PM 3. Police called: _____ Yes No
4. Location of incident (including street address): 8305 LIVERTOWN RD. FAIRBURN GA. 30268
5. Name of your insurance company: STATE FARM INSURANCE COMPANY Policy No. 91-36-2474-1 (NO CLAIM FILED)
6. State what and how incident occurred: I CALLED TO MAKE APPLICATION FOR WATER ON 030597, I WAS TOLD I HAD TO SEND APPLICATION WITH \$80.00 BEFORE WATER WOULD BE TURNED ON, I RECEIVED APP. 03/11/97, HOWEVER WATER WAS TURNED ON 030697, FLOODING OUT TWO BEDROOMS, HALL, LIVING ROOM, RUINING 100 YD OF CARPET. CLAIM IS FOR USE OF WET-VAE AND REPLACEMENT OF CARPET + PMS.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

MIKE OTWELL

(Print Claimant's Name)

521 HONEYSUCKLE LN.

(Address)

PERNETTO, GA. 30268

(City, State and Zip Code)

01-R-0144

(Work Number)

770-463-2550
(Home Number)